

IMPROVING EDUCATOR QUALITY STATE GRANT PROGRAM					
REIMBURSEMENT REQUEST FORM (IEQ-01)					
KY COUNCIL ON POSTSECONDARY EDUCATION					
INSTITUTION:		PROJECT YEAR		REPORTING PERIOD	
PROJECT DIRECTOR:		for CPE's RFP		Beginning	
PROJECT TITLE:				Ending	
PROJECT DATES:				Final (X)	
EXPENDITURE CATEGORY	FEDERAL FUNDS BUDGETED	ACTUAL EXPENDITURES			UNEXPENDED GRANT FUNDS
		CURRENT PERIOD	PRIOR PERIODS	CUMULATIVE	
1. SALARIES & WAGES (institutional employees)					
Name Title				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
TOTAL SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00
2. FRINGE BENEFITS				0.00	0.00
3. CONTRACTUAL					
Consultants (non-institutional employees)				0.00	0.00
Subcontracts (specify)				0.00	0.00
Other (specify)				0.00	0.00
TOTAL CONTRACTUAL	0.00	0.00	0.00	0.00	0.00
4. MATERIALS & SUPPLIES					
Office Supplies				0.00	0.00
Instructional books and materials				0.00	0.00
Participant Supplies				0.00	0.00
Other (specify)				0.00	0.00
TOTAL MATERIALS & SUPPLIES	0.00	0.00	0.00	0.00	0.00
5. TRAVEL					
Project director and staff				0.00	0.00
Participant Travel				0.00	0.00
Room and Board				0.00	0.00
TOTAL TRAVEL	0.00	0.00	0.00	0.00	0.00
6. STIPENDS				0.00	0.00
7. TUITION & FEES				0.00	0.00
8. EQUIPMENT (items over \$500)				0.00	0.00
9. SERVICES (duplication, printing, telephone, etc.)				0.00	0.00
10. OTHER COSTS (Specify)					
				0.00	0.00
				0.00	0.00
TOTAL OTHER COSTS	0.00	0.00	0.00	0.00	0.00
SUBTOTAL (Sum of items 1 - 10)	0.00	0.00	0.00	0.00	0.00
11. INDIRECT COSTS				0.00	0.00
GRAND TOTAL	0.00	0.00	0.00	0.00	0.00
FEDERAL FUNDS REQUESTED		\$0.00			

I certify that these costs agree with our institution's official accounting records. All expenditures are valid and documented in accordance with applicable federal and grant regulations.

Reported Prepared by: Phone #:

Send to: F. Diann Donaldson, CPA, Council on Postsecondary Education, 1024 Capital Center Drive, Suite 320, Frankfort, KY 40601 or email to fdiann.donaldson@mail.state.ky.us

FOR CPE USE ONLY: Approved by: Date: Paid Document: Check Date: